

## Private Health Information Statement - General treatment policy

### GMHBA Basic Extras

#### GMHBA Limited

<http://www.gmhba.com.au>  
[service@gmhba.com.au](mailto:service@gmhba.com.au)  
 1300 4 GMHBA (46422)

#### Monthly Premium

**\$39.20 #**

(before any rebate or insurer discount)

Covers only one person  
 Available in Tasmania  
 Closed to new members

# You may be entitled to an Australian Government rebate on the above premium. Your premium may also include an insurer discount. Check with your insurer for details.

### General Treatment Cover

This health insurer does not operate a preferred provider scheme.

This policy **✓** includes General treatment (Extras) cover for

Note, for items marked with an asterisk \*: Non PBS Pharmaceuticals must be a private Schedule 4 or Schedule 8 and dispensed via a provider in private practice.

Treatment	Waiting period (months)	Benefit limits (per 12 months unless otherwise stated)	Examples of maximum benefits
General dental	2	\$1,000 per policy (combined limit for general dental, major dental, endodontic, orthodontic & other services - <b>Sub-limits apply</b> ) \$1,050 lifetime limit for Orthodontic	Periodic oral examination - \$39.20 Scale & clean - \$84.00 Fluoride treatment - \$31.50
Major dental	12		Surgical tooth extraction - \$83.30 Full crown veneered - \$225.00
Endodontic	12		Filling of one root canal - \$60.50
Orthodontic	12		Braces for upper & lower teeth, including removal plus fitting of retainer - \$300.00
Optical	6	\$170 per policy	Single vision lenses & frames - 80% of charge Multi-focal lenses & frames - 80% of charge
Non PBS pharmaceuticals*	2	\$250 per policy (combined limit for non pbs pharmaceuticals & vaccinations - <b>Sub-limits apply</b> )	Per eligible prescription - \$40.00
Physiotherapy	2	\$350 per policy (combined limit for physiotherapy & other services - <b>Sub-limits apply</b> )	Initial visit - \$31.00 Subsequent visit - \$21.00
Occupational therapy	2	\$350 per policy	Initial visit - \$31.00 Subsequent visit - \$21.00
Vaccinations	2	Combined limit - see Non PBS pharmaceuticals	Per service - \$40.00

This policy **✗** does not include General treatment (Extras) cover for

✗ Acupuncture	✗ Hearing aids	✗ Remedial massage
✗ Blood glucose monitors	✗ Podiatry	✗ Other treatments - check with your insurer
✗ Chiropractic	✗ Psychology	

#### Other features of this general treatment cover

An annual sub-limit up to \$200 per person per calendar year applies for preventative dental. Rates discounted for premiums paid by direct debit.

## Ambulance cover

Ambulance cover is provided by the State government for residents of Tasmania. This may include cover whilst interstate, except for South Australia and Queensland where no cover applies. In other states please check with Ambulance Tasmania - [https://www.health.tas.gov.au/ambulance/fees\\_and\\_accounts](https://www.health.tas.gov.au/ambulance/fees_and_accounts).

## Disclaimer

The information contained in this Private Health Information Statement was provided by the insurer and is intended as general information. It may not take into account your particular circumstances. For information please contact the insurer.